



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/15/96

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD981075443

FACILITY NAME -> PHOENIX COLOR GRAPHICS

MAILING ADDRESS -> 1300 METROPOLITAN AVE  
WEST DEPTFORD, NJ 08066

INSTALLATION ADDRESS -> 551 MIDATLANTIC PKWY  
WEST DEPTFORD, NJ 08066

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: PORRECA, NICHOLAS J  
PREPRESS DEPT  
PHOENIX COLOR GRAPHICS  
1300 METROPOLITAN AVE  
WEST DEPTFORD, NJ 08066



Please print or type with ELITE

Only original signature of the Generator is acceptable.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification

☒ B. Subsequent Notification  
(Complete item C)

## C. Installation's EPA ID Number

A50981075443

## II. Name of Installation (Include company and specific site name)

PHOENIX COLOR GRAPHICS

## III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

## Street

551 M. I. ATLANTIC PARKWAY

## Street (Continued)

## City or Town

## State

## Zip Code

WEST DEPT FORD

NJ

08066

## COUNTY

## County Name

015

GLOUCESTER

## IV. Installation Mailing Address

## Street or P.O. Box

1300 METROPOLITAN AVE

## City or Town

## State

## Zip Code

WEST DEPT FORD

NJ

08066

## V. Installation Contact (Person to be contacted regarding waste activities at site)

## Name (Last)

## First

PORRECA

MICHAEL J

## Job Title

## Phone Number (Area Code and Number)

PRES PRESS DEPT

609-845-6666 EX 3296

## VI. Installation Contact Address

A. Contract Address  
Location Mailing Other

## B. Street or P.O. Box

☐ ☒ ☐

## City or Town

## State

## Zip Code

## VII. Ownership

## A. Name of Installation's Legal Owner

APT IND/APTS REALITY INC. REEF

## Street, P.O. Box, or Route Number MANAGEMENT CORP.

650 PARK AVE SUITE 210

## City or Town

## State

## Zip Code

KING OF PRUSSIA

PA

19406

## Phone Number (Area Code and Number)

## B. Land Type

## C. Owner Type

## D. Change of Owner Indicator

(Date Changed)  
Month Day Year

-

P

P

Yes

No

021094

From: Jack Hoyt, AWMD, EPA, Region 2, 290 Broadway, 22 Fl.  
New York, NY 10007-1866. Tel: (212) 637 4106

66 JUL 2 AM 10:46

U.S. EPA  
AGENCY NO II



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

## A. Hazardous Waste Activity

## 1. Generator (See instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)  
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)

## 2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only  
☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify

## 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

## 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Bumer  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace

## Indicate Type of Combustion Device(s)

- ☐ 1. Smelter Deferral  
☐ 2. Small Quantity Exemption  
☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

## 5. Underground Injection Control

## B. Used Oil Recycling Activities

## 1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Bumer  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## 2. Used Oil Bumer - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler  
☐ b. Industrial Boiler  
☐ c. Industrial Furnace

## 3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter  
☐ b. Transfer Facility

## 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process  
☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

## 1. Ignitable (D001)

## 2. Corrosive (D002)

## 3. Reactive (D003)

## 4. Toxicity Characteristic

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☐☐☐☒

K0896

☐☐☐☐☐☐☐☐☐

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL ONLY

Name and Official Title (Type or print)

Date Signed

Mark J. Porreca

NICHOLAS J. PORRECA

PRE PRESS  
DEPT HEAD

7/1/96

## XI. Comments

ONE TIME CLEAN UP

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)





# RCRIS NOTIFICATION DATA DISCREPANCY FORM

[To Name Post]

## Information from RCRIS

Facility Name: BROWN PRINTING COMPANY  
Facility EPA ID Number: NJD981075443  
Facility Address: 551 MID ATLANTIC PKWY  
City: WEST DEPTER St: NJ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Facility Contact: \_\_\_\_\_ Phone: - -  
Owner/Operator: \_\_\_\_\_  
SIC Code(s): \_\_\_\_\_  
Waste Codes: \_\_\_\_\_  
Generator Status (LQG/SQG) \_\_\_\_\_  
Other: \_\_\_\_\_

## New Information (make change to "E" record only)

Facility Name: \_\_\_\_\_  
Facility EPA ID Number: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Facility Contact: \_\_\_\_\_ Phone: - -  
Owner/Operator: \_\_\_\_\_  
SIC Code(s): \_\_\_\_\_  
Waste Codes: \_\_\_\_\_  
Generator Status (LQG/SQG) \_\_\_\_\_  
Other: \_\_\_\_\_

In response to this request, please modify RCRIS Handler Notification Data for the following:  
General Generator Information:

Facility Name
Facility Address
Facility Contact
SIC Code(s)
Other

EPA ID Number
Mailing Address
Phone
Waste Code(s)

## Add/Change Generator Status Codes:

C	#
	1
	2
	3
	4
	5

C	#
	6
<input checked="" type="checkbox"/>	7
	8
	9
	1
	0

Joel Golumbek, Chief, NJCS

Date

Gen = 1 NJ = 3/29/94



Section  
Range  
County

State

Acres

Section

Range

County

State

Section 36, Range 14N, County of Lincoln, Nebraska

Section 36, Range 14N, County of Lincoln, Nebraska

Section 36, Range 14N, County of Lincoln, Nebraska

Section	Range	County	State
36	14N	Lincoln	Nebraska

14N  
36





PLEASE PLACE LABEL IN THIS SPACE

**FOR OFFICIAL USE ONLY**

**CONTINUE ON REVERSE**



I.D. -- FOR OFFICIAL USE ONLY															
S														T/A	C
W														1	
1	2											13	14	15	

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

# X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>William D Lewis</i>	NAME & OFFICIAL TITLE (type or print) William D Lewis Plant Manager	DATE SIGNED 3/19/85
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## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/07/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD981075443

FACILITY NAME -> BROWN PRINTING CO

MAILING ADDRESS -> 551 MID ATLANTIC PKWY  
WEST DEPTFORD, NJ 08086

INSTALLATION ADDRESS -> 551 MID ATLANTIC PKWY  
WEST DEPTFORD, NJ 08086

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: BORDEN, KEVIN  
PLT TECH DIR  
BROWN PRINTING CO  
668 GRAVEL PIKE  
EAST GREENVILLE, PA 18041-9632







## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/21/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD981075443

FACILITY NAME -> BROWN PRINTING CO

MAILING ADDRESS -> 551 MID ATLANTIC PKWY  
WEST DEPTFORD, NJ 08086

INSTALLATION ADDRESS -> 551 MID ATLANTIC PKWY  
WEST DEPTFORD, NJ 08086

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: BORDEN, KEVIN  
PLT TECH DIR  
BROWN PRINTING CO  
668 GRAVEL PIKE  
EAST GREENVILLE, PA 18041-9632



# BROWN PRINTING COMPANY

A GRUNER + JAHR COMPANY

## EAST GREENVILLE DIVISION

ROUTE 29 RD 1 • EAST GREENVILLE, PENNSYLVANIA 18041 • PHONE 215-679-4451


November 11, 1992

U.S. EPA Region II  
Permits Administration Branch  
26 Federal Plaza, Room 505  
New York, NY 10278

Attention: Waste Management Division.

Enclosed is a completed Notification of Regulated Waste Activity form. This form is being filed to notify of a change in the name and ownership of the former CMP Printing Company of Thorofare, New Jersey. If you have any questions concerning this matter, I can be reached at the above address.

Sincerely,



Bill Booth  
Environmental Coordinator

cc: NJDEP w/encl.  
K. Larson, BPC w/encl.  
K. Borden, BPC w/encl.  
D. Robinson, BPC w/encl.  
L. Dillion, BPC w/encl.





Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# EPA

*Charge owner*  
United States Environmental Protection Agency

## Notification of Regulated Waste Activity

Date Received  
(For Official Use Only)

NOV 19 1992

### I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

N J D 9 8 1 0 7 5 4 4 3

### II. Name of Installation (Include company and specific site name)

B R O W N P R I N T I N G C O M P A N Y

### III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

5 5 1 M I D A T L A N T I C P A R K W A Y

Street (continued)

City or Town

T H O R O F A R E

State

ZIP Code

N J 0 8 0 8 6 -

County Code

County Name

G L O U C E S T E R C O U N T Y

### IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

### V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

B O R D E N

(first)

K E V I N

Job Title

P L A N T T E C H . D I R .

Phone Number (area code and number)

2 1 5 - 6 7 9 - 4 4 5 1

### VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

6 6 8 G R A V E L P I K E

City or Town

E A S T G R E E N V I L L E

State

ZIP Code

P A 1 8 0 4 1 - 9 6 3 2

### VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

G R U N E R + J A H R P R I N T . + P U B L . C O

Street, P.O. Box, or Route Number

U . S . H I G H W A Y 1 4 W E S T P . O . B O X 1 5 4 9

City or Town

W A S E C A

State

ZIP Code

M N 5 6 0 9 3 - 0 5 1 7

Phone Number (area code and number)

5 0 7 - 8 3 5 - 2 4 1 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

X

(Date Changed)  
Month Day Year

1 0 1 2 9 2

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

1. Generator (See Instructions) ☒ 3. Treater, Storer, Disposer (at installation)  
 a. Greater than 1000kg/mo (2,200 lbs.) Note: A permit is required for this activity; see instructions.  
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)  
 2. Transporter (Indicate Mode in boxes 1-5 below)  
☐ a. For own waste only  
☐ b. For commercial purposes  
 Mode of Transportation  
☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify

4. Hazardous Waste Fuel  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Burner - indicate device(s) - Type of Combustion Device  
☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketer  
☐ c. Burner - indicate device(s) - Type of Combustion Device  
☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace  
☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	8	9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

KEVIN BURDEN TECHNICAL DIRECTOR

Date Signed

11/12/92

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



**EPA**

*Charge owner*

United States Environmental Protection Agency

# Notification of Regulated Waste Activity

Date Received  
(For Official Use Only)

DEC 14 REC'D

NOV 23 1992

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

N J D 9 8 1 0 7 5 4 4 3

## II. Name of Installation (Include company and specific site name)

B R O W N P R I N T I N G C O M P A N Y

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

5 5 1 M I D A T L A N T I C P A R K W A Y

Street (continued)

City or Town

State

ZIP Code

T H O R O F A R E

N J 0 8 0 8 6 -

County Code

County Name

G L O U C E S T E R C O U N T Y

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

B O R D E N

K E V I N

Job Title

Phone Number (area code and number)

P L A N T T E C H . D I R .

2 1 5 - 6 7 9 - 4 4 5 1

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

6 6 8 G R A V E L P I K E

City or Town

State

ZIP Code

E A S T G R E E N V I L L E

P A 1 8 0 4 1 - 9 6 3 2

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

G R U N E R + J A H R P R I N T . + P U B L . C O

Street, P.O. Box, or Route Number

U . S . H I G H W A Y 1 4 W E S T P . O . B O X 1 5 4 9

City or Town

State

ZIP Code

W A S E C A

M N 5 6 0 9 3 - 0 5 1 7

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator

(Date Changed)  
Month Day Year

5 0 7 - 8 3 5 - 2 4 1 0

P

P

Yes

No

X

1

0

1

2

9

2

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Storer, Disposer (at installation)  
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. EP Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

KEVIN BURDEN TECHNICAL DIRECTOR

Date Signed

12/9/92

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



# BROWN PRINTING COMPANY

A GRUNER + JAHR COMPANY

## EAST GREENVILLE DIVISION

ROUTE 29 NORTH, RR #2 BOX 2614 • EAST GREENVILLE, PENNSYLVANIA 18041-9632  
PHONE 215-679-4451

March 7, 1994

U.S. EPA  
26 Federal Plaza  
New York, New York 10278

Dear Mr. Joel Golumbeak:

This letter is to serve notice that, as of December 31, 1993, we have ceased operation and hazardous waste activity at :

Brown Printing Company  
551 Mid Atlantic Parkway  
Thorofare, NJ 08086  
EPA ID Number - NJD981075443

The final waste shipment from the facility was on November 29, 1993. If you have any questions regarding this matter, I can be reached at the above telephone number.

Sincerely,



Bill Booth  
Environmental Coordinator

U.S. EPA  
AGENCY R011  
94 MAR 22 PM 3:28 U.S. E.P.A.  
INFO. SERV. SEC. MAR 15 AM 11:15  
HAZ. WASTE COMP. BR.

